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| **Risk Assessment** |
| **Risk Assessment for the activity of** | Southampton University Badminton Club | **Date** | **20/09/22** |
| **Unit/Faculty/Directorate** | Students’ Union | **Assessor** | **Charlotte** |
| **Line Manager/Supervisor** |  | **Signed off** |  |

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| ***PART A***  |
| **(1) Risk identification** | **(2) Risk assessment** | **(3) Risk management** |
| **Hazard** | **Potential Consequences** | **Who might be harmed****(user; those nearby; those in the vicinity; members of the public)** | **Inherent** |  | **Residual** | **Further controls (use the risk hierarchy)** |
| **Likelihood** | **Impact** | **Score** | **Control measures (use the risk hierarchy)** | **Likelihood** | **Impact** | **Score** |
| Unintended collision with other players/equipment | sprains, strains, bruising, fractures and head injury | players | **3** | **4** | **12** | Drills and training are run and directed by qualified coach. Ensure all nets and net posts are in the correct position. Players sent to medical staff if problem, immediately icing injury.  | **2** | **2** | **4** | Training supervised by competent badminton England qualified club personnel. Skill level of drills appropriate too skill levels of players. Suitable footwear to be worn for indoor sports. Which is checked by club members. Advise players to check court for shuttles before starting a game or practice. Warn less experienced players about this hazard. |
| Incorrect technique | chronic injury due to poor technique or training discipline | players | **3** | **3** | **9** | All players are at high level, if a player is performing poor technique, this can be rectified by multiple members of the club. | **2** | **2** | **4** | Competent coaches and players able to advise, To proactively monitor physical conditioning of players. Coaches to ensure that appropriate warm up/cool down and flexibility drills included in every training session. Club is led on a group warm up which included sprints, and flexibility work |
| Loss of balance | sprains, strains, bruising, fractures and head injury. | players | **2** | **4** | **8** | Drills and training are run and directed by qualified coach. Players sent to medical staff if problem, immediately icing injury. | **1** | **3** | **3** | Training supervised by competent badminton England qualified club personnel. Skill level of drills appropriate too skill levels of players. Suitable footwear to be worn for indoor sports. |
| Exhaustion | hypoglycaemia, nausea, fainting and/ or vomiting | Players  | **2** | **4** | **8** | Players are monitored by coaches, all players are encouraged to bring drinks to hydrate in between games. | **1** | **3** | **3** | Competent badminton England coach to supervise and proactively monitor players in all training sessions. Sugary drink to be brought by coaches to each session. |
| Dehydration | Illness from dehydration | players | **2** | **4** | **8** | Drinking water available at all S&W facilities. | **1** | **3** | **3** | Competent Badminton England qualified coach to supervise and proactively monitor players in all training sessions. Water available at venue. Players required to bring their own water bottle to all club sessions. |
| Slip on dirty floor | Bruising, fractures, sprains, head injury  | players | **2** | **4** | **8** | All players wear indoor court shoes and aim to keep courts clean | **1** | **4** | **4** | Jubilee sports hall staff to use “V Mop” to clean courts after fitness classes/ events before training sessions where people bring dirt in. |
| COVID-19 Infection  | sickness, coughing, raised temperate, increased illness transmission | players, coaches, jubilee sports centre staff, friends and family of players, coaches and staff members | **3** | **4** | **12** | Players should not attend training if they are feeling ill, and should test for COVID-19 if possible. They should not come back to training until they are feeling fully better, or until they test negative if they are COVID-19 positive.  | **2** |  |  | While at training, players should not share water bottles, and should only use water fountains to fill their bottles, not to drink directly from. Players should practise regular handwashing, especially before and after training. Players should avoid hand-to-hand contact where possible, and should thank each other for matches by touching rackets rather than shaking hands. |

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| ***PART B – Action Plan*** |
| **Risk Assessment Action Plan** |
| **Part no.** | **Action to be taken, incl. Cost** | **By whom** | **Target date** | **Review date** | **Outcome at review date** |
|  | Ensure that coaching sessions are led by a qualified coach  | Committee | 10/10/22 | 15/12/22 |  |
|  | Sugary drink to be brought to each session. | Coach | 10/10/22 | 15/12/22 |  |
|  | Require players required to bring their own water bottle to all club sessions. | Committee | 10/10/22 | 15/12/22 |  |
|  | Jubilee sports hall staff to use “V Mop” to clean courts after fitness classes/ events before training sessions where people bring dirt in. | Committee to ask Jubilee sports hall staff to do this when necessary | 10/10/22 | 15/12/22 |  |
|  | Ensure that players are practicing good hand hygiene, avoiding hand-to-hand contact, and using facilities (such as the water fountains) safely | committee | 10/10/22 | 15/12/22 |  |
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| Responsible manager’s signature: | Responsible manager’s signature: |
| Print name: Charlotte Preece | Date: | Print name: | Date |

**Assessment Guidance**

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| 1. Eliminate
 | Remove the hazard wherever possible which negates the need for further controls | If this is not possible then explain why | 12345 |
| 1. Substitute
 | Replace the hazard with one less hazardous | If not possible then explain why |
| 1. Physical controls
 | Examples: enclosure, fume cupboard, glove box | Likely to still require admin controls as well |
| 1. Admin controls
 | Examples: training, supervision, signage |  |
| 1. Personal protection
 | Examples: respirators, safety specs, gloves | Last resort as it only protects the individual |

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| **LIKELIHOOD** | 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
| **IMPACT** |

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| Impact | Health & Safety |
| 1 | Trivial - insignificant | Very minor injuries e.g. slight bruising |
| 2 | Minor | Injuries or illness e.g. small cut or abrasion which require basic first aid treatment even in self-administered.  |
| 3 | Moderate | Injuries or illness e.g. strain or sprain requiring first aid or medical support.  |
| 4 | Major  | Injuries or illness e.g. broken bone requiring medical support >24 hours and time off work >4 weeks. |
| 5 | Severe – extremely significant | Fatality or multiple serious injuries or illness requiring hospital admission or significant time off work.  |

Risk process

Identify the impact and likelihood using the tables above.

Identify the risk rating by multiplying the Impact by the likelihood using the coloured matrix.

If the risk is amber or red – identify control measures to reduce the risk to as low as is reasonably practicable.

If the residual risk is green, additional controls are not necessary.

If the residual risk is amber the activity can continue but you must identify and implement further controls to reduce the risk to as low as reasonably practicable.

If the residual risk is red do not continue with the activity until additional controls have been implemented and the risk is reduced.

Control measures should follow the risk hierarchy, where appropriate as per the pyramid above.

The cost of implementing control measures can be taken into account but should be proportional to the risk i.e. a control to reduce low risk may not need to be carried out if the cost is high but a control to manage high risk means that even at high cost the control would be necessary.

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| Likelihood |
| 1 | Rare e.g. 1 in 100,000 chance or higher |
| 2 | Unlikely e.g. 1 in 10,000 chance or higher |
| 3 | Possible e.g. 1 in 1,000 chance or higher |
| 4 | Likely e.g. 1 in 100 chance or higher |
| 5 | Very Likely e.g. 1 in 10 chance or higher |